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1**X. Description of Hazardous Wastes (continued from front)****A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)☒ 1. Ignitable  
(D001)☒ 2. Corrosive  
(D002)☐ 3. Reactive  
(D003)☐ 4. Toxic  
(D004-D017)  
Specify Below:**E. Total Quantity Generated Per Month.** Mark 'X' in the appropriate box below corresponding to the total quantity of hazardous waste generated per month.

- ☐ a. Greater than 1,000 KG (2,200 lbs)
- ☐ b. Less than 1,000 KG but greater than 25 KG (55 lbs)
- ☒ c. Less than 25 KG (55 lbs)

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BUREAU OF  
AUG 23 1986  
WASTE  
MANAGEMENT

**XI. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature

Name and Official Title (type or print)

Area Service Manager

Date Signed

9/17/86

Mail completed form to: Bureau of Waste Management  
Kansas Department of Health & Environment  
Forbes Field  
Topeka, KS 66620